



NewsmaxMedia

2017

EMPLOYEE BENEFITS GUIDE

Newsmax Media, Inc. - Employee Advocate

If you need assistance with your Medical, Dental, Vision, or Flexible Spending Account benefits or have questions regarding an Explanation of Benefits, a bill you received or any benefit or coverage issues and concerns, please call your Employee Advocate at 1-888-517-3659 or email tblake@cbiz.com for personalized service.

Direct Inquiries

If you have questions about your Medical benefits, call:

Aetna
1-800-847-9026
www.aetna.com

If you have questions about your Dental benefits, call:

Aetna
1-877-238-6200
www.aetna.com

If you have questions about your Vision benefits, call:

EyeMed Vision Care
1-866-939-3633
www.eyemedvisioncare.com

If you have questions about your Healthcare or Dependent Care Flexible Spending Account call:

HRPro
1-800-989-8PRO
www.HRPro.biz

Enrolling for Coverage

It is time for our annual benefits enrollment. All changes will be effective January 1, 2017.

Once you have attended an employee meeting, reviewed the 2017 Benefit Guide and enrollment packet you are ready to complete the online enrollment process.

Summary of Changes and Election of Coverage

Newsmax remains dedicated to providing you a quality and affordable health plan. We strive to develop benefits that are flexible in plan design, providing different levels of coverage and offer supplemental benefits which provide personal tax savings, wherever possible. We will have some minor plan design changes this year. These plans continue to provide the most in comprehensive care and coverage so you may customize a plan that works best for you and your family.

Our health plan coverage will remain with Aetna. You will still have the choice of three (3) medical plans to choose from. There are two standard Point of Service plans with Office Visit and Prescription Co-Pays and Deductible and Co-Insurance for other services. The third plan is a Health Savings Account (HSA) eligible High Deductible Health Plan. Depending on the frequency of your need to access medical services, the amount you can afford to pay at the time of treatment and if you wish a plan to provide further tax advantages, you will be able to select a plan that best meets the needs of you and your family.

Our dental coverage will remain with Aetna. We continue to offer the choice of two (2) dental plans. The Core plan provides an affordable option for a well-balanced plan and the Buy Up option provides a higher level of coverage but at higher premium costs. You can choose which option works best for you. Whichever plan you select you will receive higher payments and less out-of-pocket costs if you use a participating dentist but the choice is yours.

The vision coverage is offered through EyeMed and provides annual coverage for exams, lenses, frames and/or contact lenses with no change in plan design or premium.

Flexible Spending Accounts – health care and dependent care will continue to be administered by HRPro. For 2017, the Health Care Account maximum has increased to \$2,600. We also continue to offer the \$500 Rollover on the Health Care Flexible Spending Account, which will allow you to rollover \$500 in unused amounts from the 2016 plan year toward 2017 and in all future years. You must make a new election for 2017, if you wish to continue coverage.

Life and Long Term Disability remain with Unum and are provided to you at no cost. Voluntary Life and Accidental Death and Dismemberment and Voluntary Short Term Disability are also available at group rates.

We are confident you will find a combination of benefits and costs that fit your needs and by working together to select providers in network and use benefits wisely, we can work towards keeping benefit costs under control.

Medical Coverage - Aetna		
Type of Plan	Mid Plan 80-60	
	In-Network	Out-of-Network
Overview	May use both In-Network and Out-of-Network providers Use Network providers and receive the In-Network level of benefits Use Non-Network providers receive a lower level of benefits and you may be subject to Balance Billing.	
Deductible		
<i>Individual</i>	\$2,000	\$2,500
<i>Family Embedded</i>	\$6,000	\$7,500
Coinsurance	Plan pays 80%	Plan pays 60%
Out of Pocket Maximum	Includes Deductible\Coinsurance\Copays	
<i>Individual</i>	\$4,000	\$6,250
<i>Family</i>	\$8,000	\$12,500
Lifetime Maximum	Unlimited	
Office Visits		
<i>Primary Care Physician</i>	\$25 Copay	Plan pays 60% after Deductible
<i>Specialist</i>	\$50 Copay	
Preventive Care Services (Based on age appropriate recommendations)	Plan pays 100%	Not Covered
Inpatient	Plan pays 80% after Deductible	Plan pays 60% after Deductible
Outpatient Surgery		
<i>Outpatient Hospital Facility</i>	Plan pays 80% after Deductible	Plan pays 60% after Deductible
<i>Ambulatory Surgery Center</i>	Plan pays 80% after Deductible	
Emergency Room	\$200 Copay	\$200 Copay
Urgent Care	\$75 Copay	Plan pays 60% after Deductible
Prescription Drugs		
Retail Pharmacy (30 days)		
<i>Generic</i>	\$15 Copay	Not Covered
<i>Preferred Brand</i>	\$50 Copay	Not Covered
<i>Non-Preferred</i>	\$85 Copay	Not Covered
Mail Order Pharmacy (90 days)		
<i>Generic</i>	\$37.50 Copay	Not Covered
<i>Preferred Brand</i>	\$125 Copay	Not Covered
<i>Non-Preferred</i>	\$212.50 Copay	Not Covered
Bi-Weekly Contributions		
<i>Employee</i>	\$70.65	
<i>Employee / Spouse/Domestic Partner</i>	\$199.59	
<i>Employee/Child</i>	\$168.39	
<i>Employee / Family/Domestic Partner Family</i>	\$345.42	

UNDERSTANDING YOUR MEDICAL PLAN

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Medical Coverage - Aetna		
Type of Plan	High Plan 100-70	
	In-Network	Out-of-Network
Overview	May use both In-Network and Out-of-Network providers Use Network providers and receive the In-Network level of benefits Use Non-Network providers receive a lower level of benefits and you may be subject to Balance Billing.	
Deductible		
<i>Individual</i>	\$1,500	\$2,000
<i>Family Embedded</i>	\$3,000	\$4,000
Coinsurance	Plan pays 100%	Plan pays 70%
Out of Pocket Maximum	Includes Deductible\Coinsurance\Copays	
<i>Individual</i>	\$3,500	\$6,000
<i>Family</i>	\$7,000	\$12,000
Lifetime Maximum	Unlimited	
Office Visits		
<i>Primary Care Physician</i>	\$30 Copay	Plan pays 70% after Deductible
<i>Specialist</i>	\$60 Copay	
Preventive Care Services (Based on age appropriate recommendations)	Plan pays 100%	Not Covered
Inpatient	Plan pays 100% after deductible	Plan pays 70% after Deductible
Outpatient Hospital Facility		
<i>Outpatient Hospital Facility</i>	Plan pays 100% after deductible	Plan pays 70% after Deductible
<i>Ambulatory Surgery Center</i>	Plan pays 100% after deductible	
Emergency Room	\$300 Copay	\$300 Copay
Urgent Care	\$100 Copay	Plan pays 70% after Deductible
Prescription Drugs		
Retail Pharmacy (30 days)		
<i>Generic</i>	\$15 Copay	Not Covered
<i>Preferred Brand</i>	\$50 Copay	Not Covered
<i>Non-Preferred</i>	\$85 Copay	Not Covered
Mail Order Pharmacy (90 days)		
<i>Generic</i>	\$37.50 Copay	Not Covered
<i>Preferred Brand</i>	\$125 Copay	Not Covered
<i>Non-Preferred</i>	\$212.50 Copay	Not Covered
Bi-Weekly Contributions		
<i>Employee</i>	\$98.38	
<i>Employee / Spouse/Domestic Partner</i>	\$228.40	
<i>Employee/Child</i>	\$220.75	
<i>Employee / Family/Domestic Partner Family</i>	\$374.32	

Medical Coverage - Aetna		
Type of Plan	HSA Qualified High Deductible Plan 90-50	
	In-Network	Out-of-Network
Overview	May use both In-Network and Out-of-Network providers Use Network providers and receive the In-Network level of benefits Use Non-Network providers receive a lower level of benefits and you may be subject to Balance Billing.	
Deductible	If you elect individual coverage, benefits are payable after satisfaction of the \$2,000 deductible. If you elect other than individual coverage, benefits are payable after satisfaction of the \$4,000 deductible.	
<i>Individual</i>	\$2,000	\$5,500
<i>Family Aggregate</i>	\$4,000	\$11,000
Coinsurance	Plan pays 90% after Deductible	Plan Pays 50% after Deductible
Out of Pocket Maximum	Includes Deductible, Coinsurance and Copays	
<i>Individual</i>	\$3,750	\$10,500
<i>Family Aggregate</i>	\$7,500	\$21,000
Lifetime Maximum	Unlimited	
Physician's Office Visit	Plan pays 90% after Deductible	Plan Pays 50% after Deductible
Preventive Care Services (Based on age appropriate recommendations)	Plan pays 100%; Deductible waived	Not Covered
Pre-Natal Maternity	Plan pays 100%; Deductible waived	Plan Pays 50% after Deductible
Inpatient Maternity Coverage (includes delivery and postpartum care)	Plan pays 90% after Deductible	Plan Pays 50% after Deductible
Inpatient	Plan pays 90% after Deductible	Plan Pays 50% after Deductible
Outpatient Hospital Facility	Plan pays 90% after Deductible	Plan Pays 50% after Deductible
Emergency Room	Plan pays 90% after Deductible	Plan Pays 50% after Deductible
Urgent Care	Plan pays 90% after Deductible	Plan Pays 50% after Deductible
Prescription Drugs		
Retail Pharmacy (30 days)		
<i>Generic</i>	\$15 Copay after Deductible	Not Covered
<i>Preferred Brand</i>	\$50 Copay after Deductible	Not Covered
<i>Non-Preferred</i>	\$85 Copay after Deductible	Not Covered
Mail Order Pharmacy (90 days)		
<i>Generic</i>	\$37.50 Copay after Deductible	Not Covered
<i>Preferred Brand</i>	\$125 Copay after Deductible	Not Covered
<i>Non-Preferred</i>	\$212.50 Copay after Deductible	Not Covered
Health Savings Account	Election of the High Deductible Health Plan entitles you to open a Health Savings Account (HSA) through Optum Bank.	
Bi-Weekly Contributions		
<i>Employee</i>	\$63.93	
<i>Employee / Spouse/Domestic Partner</i>	\$178.96	
<i>Employee/Child</i>	\$146.04	
<i>Employee / Family/Domestic Partner Family</i>	\$319.27	

Dental Coverage - Aetna				
Type of Plan Late Entrant penalty may apply if you do not enroll when first eligible.	Core Plan PPO		Buy Up Plan PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				
Single	\$75	\$75	\$50	\$50
Family	\$225	\$225	\$150	\$150
Annual Maximum	\$1,250		\$1,750	
Preventive (Exams, x-rays, cleanings, fluoride)	Plan pays 80% Deductible waived	Plan pays 80% Deductible waived	Plan pays 100% Deductible waived	Plan pays 100% Deductible waived
Basic (fillings, simple extractions, periodontal, & endodontic)	Plan Pays 80% after Deductible	Plan Pays 80% after Deductible	Plan Pays 80% after Deductible	Plan Pays 80% after Deductible
Major (Inlays/onlays, crowns, dentures, oral surgery & implants)	Plan Pays 50% after Deductible	Plan Pays 50% after Deductible	Plan Pays 50% after Deductible	Plan Pays 50% after Deductible
Orthodontia (Adult and Child)	Not Covered		Plan Pays 50% after Deductible. \$1,500 Lifetime Maximum	
Bi-Weekly Contribution				
Employee	\$12.80		\$19.84	
Employee / Spouse/Domestic Partner	\$26.46		\$40.92	
Employee/Child	\$27.82		\$49.52	
Employee / Family/Domestic Partner Family	\$44.27		\$76.04	
Vision Coverage - EyeMed				
	Network Target Optical, LensCrafters, JC Penney, Sears, Pearle Vision		Out of Network Services	
Eye Exam	Once per year			
	\$10 Copay		Reimbursed up to \$35	
Prescription Lenses	Once per year			
	Single \$25 Copay		Reimbursed up to \$25	
Bifocal	\$25 Copay		Reimbursed up to \$40	
Trifocal	\$25 Copay		Reimbursed up to \$60	
Lenticular	\$85 Copay		Reimbursed up to \$40	
Frames	Once per year			
	No Copay, \$120 Allowance + 20% off balance over \$120		Reimbursed up to \$48	
Contact Lens Benefit	Once per year - in lieu of glasses			
Medically Necessary	Covered in full		Reimbursed up to \$200	
Conventional	\$135 Allowance		Reimbursed up to \$95	
Bi-Weekly Contribution				
Employee	\$3.03			
Employee / Spouse/Domestic Partner	\$5.76			
Employee/Child	\$6.06			
Employee / Family/Domestic Partner Family	\$8.92			

UNDERSTANDING YOUR ANCILLARY PLANS

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Life and AD&D - Unum			
Basic Coverage			
Employee Basic Life	\$10,000		
Employee Basic AD&D	\$10,000		
Monthly Contribution	None		
Voluntary Life Coverage			
Employee	Increments of \$10,000 up to \$100,000 without Evidence of Insurability (Guarantee Issue available at initial eligibility), up to \$500,000 or 5x BAE with Evidence of Insurability		
Spouse	Increments of \$5,000 up to \$25,000 without Evidence of Insurability (Guaranteed Issue available at initial eligibility), up to \$500,000 or 100% of employee's amount with Evidence of Insurability.		
Employee and Spouse (Bi-Weekly Contributions based on age and coverage amounts elected)	Age	Employee Cost Per \$10,000	Spouse Cost Per \$5,000
	<24	\$0.29	\$0.145
	25-29	\$0.33	\$0.166
	30-34	\$0.41	\$0.205
	35-39	\$0.58	\$0.290
	40-44	\$0.84	\$0.417
	45-49	\$1.33	\$0.660
	50-54	\$2.11	\$1.060
	55-59	\$3.25	\$1.627
	60-64	\$5.08	\$2.540
	65-69	\$8.81	\$4.405
	70-74	\$15.72	\$7.860
75+	\$30.80	\$15.400	
Eligible Child(ren)	Increments of \$2,000 up to \$10,000 6 months - 19 years of age (26 if full-time student) Live birth to 6 months of age: \$1,000		Monthly contribution: \$0.756 per \$2,000
Voluntary Accidental Death and Dismemberment (Bi-Weekly Contributions based on coverage)	Employee: \$.185 / \$10,000	Spouse: \$.185 / \$5,000	Child: .028 / \$2,000
Changes in Coverage	During your employment and at annual enrollment you may elect to apply for changes in your Voluntary Life insurance coverage. Any employee that elected less than the Guarantee Issue Maximum of \$100,000 can increase your coverage up to \$100,000 at this annual enrollment with no Evidence of Insurability. Any late enrollees or benefit increases over \$100,000 are subject to insurance underwriting approval.		
Long Term Disability (LTD) - Unum			
Amount of Benefit	60% of monthly earnings, reduced by other income up to a maximum benefit of \$2,000 per month		
When Benefits Begin	On the 181st day of disability, upon approval by Unum		
Eligibility	First day following 90 days of full-time employment		
Monthly Contribution	None		
Flexible Spending Account (FSA) - HRPro			
Overview	Allows participants to pay for eligible healthcare (Medical, Dental and Vision) and/or dependent care expenses with pre-tax dollars. May not change election during the calendar year, except due to change in family status.		
Deferral Limits	Health Care and Limited Purpose Healthcare (for HSA enrollees): \$2,600 per calendar year Dependent Care: \$2,500 per calendar year if filing single or separate income tax returns. \$5,000 per calendar year if you are married and file a joint income tax return.		
Carryover Limit	You are eligible to carryover amounts left in your 2016 Health Care Flexible Spending account, up to \$500. This means that amounts you do not use during the 2016 Plan Year can be carried over to the 2017 Plan Year and used for expenses incurred in the 2017 Plan Year.		

Voluntary Short Term Disability (STD) - Unum

Amount of Benefit	60% of Weekly Earnings up to a Maximum of \$2,500
When Benefits Begin	After 14 days
Benefit Duration	Six Months

Rates* per \$10 of Covered Benefit

Employee	Age	Per \$10 of Covered Benefit
<i>STD rates are based on age in five-year increments Rates increase as you age</i>	<25	\$0.55
	25-29	\$0.60
	30-34	\$0.55
	35-39	\$0.50
	40-44	\$0.56
	45-49	\$0.63
	50-54	\$0.73
	55-59	\$0.99
	60-64	\$1.26
	65+	\$1.44

Employee Assistance Program - Unum

Services are available to help employees and family members manage workplace stress and deal with personal and family issues.

Locate childcare and eldercare services and obtain matches to appropriate providers based on your preferences and criteria. Speak with financial experts by phone regarding issues such as budgeting, controlling debt and preparing for retirement. Get a referral to a local attorney for limited telephonic consultation.

Contact Information

1-800-854-1446
www.lifebalance.net
User Name and Password: lifebalance

401 (k) Retirement Program - ADP

Your contributions to the plan can be made on a pre-tax or post-tax basis. You are always fully vested in your contributions to the Plan.

2017 Contribution Limits: \$18,000 (\$24,000 if you are age 50 or over)

Contact Information

(800) 695-7526 - www.mykplan.com

Employee Advocate

If you need additional assistance with your Medical, Dental, and/or Vision coverage, or questions regarding an Explanation of Benefits, a bill you received or for any benefit or coverage issues and concerns, please call your Employee Advocate at (888) 517-3659 or email TBlake@CBIZ.com for personalized service.

* **Women’s Health and Cancer Rights Act of 1998**

“Did you know that your plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy – related services, including reconstruction and surgery to achieve symmetry between the breasts, prosthesis, and complications resulting from a mastectomy (including lymphedema”).

Please call your plan administrator for more information. These benefits may be subject to annual deductibles, co-insurance provisions or copays that are appropriate and consistent with other benefits under your plan.

* **The Genetic Information Nondiscrimination Act (GINA)**

The Genetic Information Nondiscrimination Act of 2008, also referred to as GINA, is a new federal law that protects Americans from being treated unfairly because of differences in their DNA that may affect their health. The new law prevents discrimination from health insurers and employers. The President signed the act into federal law on May 21, 2008. The parts of the law relating to health insurers will take effect by May 2009, and those relating to employers will take effect by November 2009.

Who needs protection from genetic discrimination?

Everyone should care about the potential for genetic discrimination. Every person has dozens of DNA differences that could increase or decrease his or her chance of getting a disease such as diabetes, heart disease, cancer or Alzheimer’s. It’s important to remember that these DNA differences don’t always mean someone will develop a disease, just that the risk to get the disease may be greater.

More and more tests are being developed to find DNA differences that affect our health. These tests (called genetic tests) will become a routine part of health care in the future. Health care providers will use information about each person’s DNA to develop more individualized ways of detecting, treating and preventing disease. But unless this DNA information is protected, it could be used to discriminate against people.

Why was the law needed?

The law was needed to help ease concerns about discrimination that might keep some people from getting genetic tests that could benefit their health. The law also enables people to take part in research studies without fear that their DNA information might be used against them in health insurance or the workplace.

* **Newborn’s and Mothers’ Health Protection Act Notice**

Under Federal and state law you have certain rights and protections regarding your maternity benefits under the Plan. Under federal law known as the “**Newborns’ and Mothers’ Health Protection Act of 1996**” (**Newborns’ Act**) group health plans and health insurance issuers generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Important Notice from Newsmax Media About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Newsmax Media and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. Newsmax Media has determined that the prescription drug coverage offered by Aetna is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Newsmax Media coverage may be affected. If you do decide to join a Medicare drug plan and drop your current Newsmax Media coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Newsmax Media and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Newsmax Media changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare.

You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

1. Visit www.medicare.gov
2. Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
3. Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	January 1, 2017
Name of Entity/Sender:	Newsmax Media
Contact--Position/Office:	Maurice Rosenberg
Address:	P.O. Box 20989, West Palm Beach, FL 33416
Phone Number:	561-686-1165 x.7878

Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

If you live in the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2015. You should contact your State for further information on eligibility –

FLORIDA – Medicaid	NEW YORK – Medicaid
Website: https://www.flmedicaidtprecovery.com Phone: 1-877-357-3268	Website: http://www.nyhealth.gov/health_care/medicaid Phone: 1-800-541-2831

To see if any more States have added a premium assistance program since July 31, 2015, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Ext. 61565

Newsmax Media, Inc.

P.O. Box 20989
West Palm Beach, FL 33416
Maurice Rosenberg
561-686-1165 x.7878

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ **See page 2** for more information on these rights and how to exercise them

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

➤ **See page 3** for more information on these choices and how to exercise them

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➤ **See pages 3 and 4** for more information on these uses and disclosures

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.

***Example:** A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- **We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.** This does not apply to long term care plans.

***Example:** We use health information about you to develop better services for you.*

Pay for your health services

- We can use and disclose your health information as we pay for your health services.

***Example:** We share information about you with your dental plan to coordinate payment for your dental work.*

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.

***Example:** Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

continued on next page

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

January 1, 2016

This Notice of Privacy Practices applies to the following organizations.

All Locations

*Maurice Rosenberg * 561-686-1165 x.7878 * mauricer@newsmax.com
P.O. Box 20989 West Palm Beach, FL 33416*



P.O. Box 20989
West Palm Beach, Florida 33416
Phone: 561.686.1165
Fax: 561.684.4615

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